Developing Outcome Goals for the Title-IV Safe and Drug-Free Schools Program

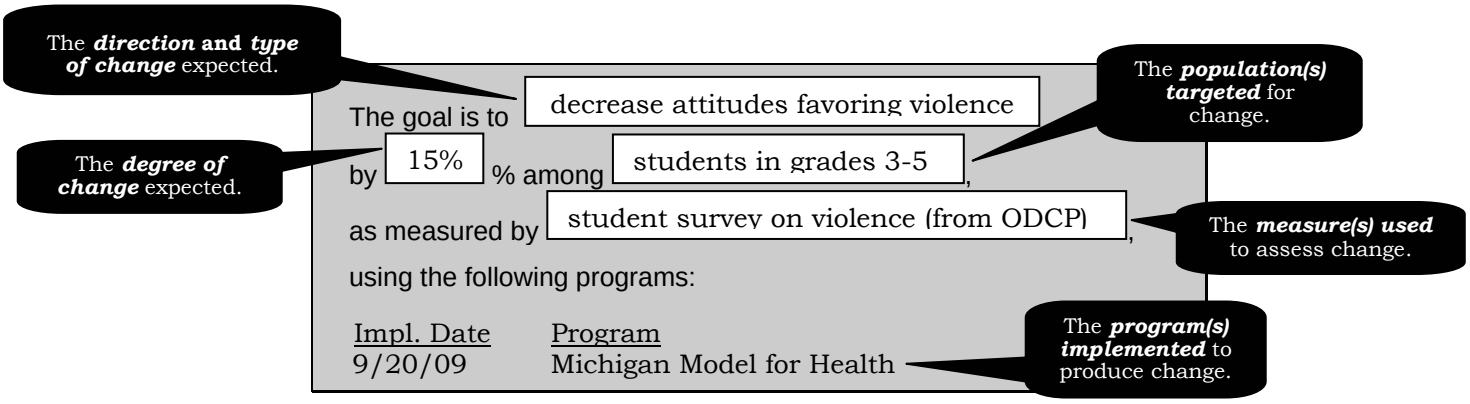
Frequently Asked Questions and Checklist

The answers to the following FAQs are designed to help you complete the "outcome goal" pages of your online grant application for the Safe and Drug-Free Schools (SDFS) Program. A checklist is provided on the last page. If you need further assistance, please contact your SDFS Grant Adviser.

1. What constitutes an outcome goal for the SDFS Program?

An outcome goal (also known as a performance measure) is a brief yet comprehensive statement about the anticipated changes in your participants. The goal is based upon the most salient need(s) identified from your needs assessment.

The goal statement includes the ***type*** and ***degree of change*** expected, the ***population targeted*** for change, the ***measure used*** to assess change, and the ***program implemented*** to produce change. These dimensions have been converted into a boilerplate goal statement in which you will insert the following information:



2. Why must the outcome goal include so much information (e.g., measurement and program)?

An outcome goal is a critical feature in the program planning process because it is the statement of what is expected to happen regarding the participants. In other words, it describes the intended "destination" of your students, whether it be reduced drug use or violent behavior, or less favorable attitudes toward drug use or violence. Ultimately, a well-written goal (a) is based upon the identified needs of your LEA/consortium, and (b) clearly maps a logical link between the target population, the type of program, the type and degree of expected change, and measure of change.

A well-written goal is also *S.M.A.R.T.*:

- ***S****pecific:* Includes details about targeted population, program, type of change and measure of change.
- ***M****easurable:* It can be assessed using objective, systematically collected data.
- ***A****ction-oriented:* Specifies a direction of change (increase/decrease/stabilization) in attitudes and/or behaviors related to drug use and/or violence.
- ***R****ealistic:* Outcome is considered in light of program quality, resources, duration and intensity.
- ***T****imed:* There is a clear end-point to evaluate success.

3. Does each participating local education agency (LEA) need an outcome goal?

LEAs that are not part of a consortium must develop at least one outcome goal to address ATOD attitudes or behaviors, or violent attitudes or behaviors. LEAs that are part of a consortium are not required to have their own outcome goal. However, an LEA may determine through its own needs assessment that it desires a goal or program different from that of the consortium. In this case, the LEA must conduct its own needs assessment prior to goal development, develop at least one outcome goal, and conduct an evaluation to demonstrate outcomes based upon local, objective data (e.g., from surveys, records).

4. Is a consortium required to have an outcome goal?

A consortium must have at least one outcome goal that is based upon the needs of its LEAs. The goal must address ATOD attitudes or behaviors, or violent attitudes or behaviors. In addition, the consortium must conduct an evaluation to demonstrate outcomes based upon local, objective data (e.g., from surveys, records) from its LEAs. For an example of a consortium outcome goal and evaluation, go to the Kent Intermediate School District web site: www.kentisd.org.

5. Are nonpublic schools required to have needs assessment, goals, and evaluation?

Nonpublic schools with needs and programs that are the same as those of the LEA are not required to have a needs assessment, goal and evaluation because the LEA is responsible for such activities. If a nonpublic school determines that its needs are different from that of the LEA and decides to adopt a different program to address those needs, the nonpublic school is required to develop its own outcome goal based upon its own needs assessment, and conduct its own evaluation to demonstrate outcomes based upon local, objective data (e.g., from surveys, records).

6. How many outcome goals are required? Do I have to have outcome goals for drug use prevention and violence prevention?

Each applicant must have at least one outcome goal which targets attitudes or behaviors related to violence or ATOD. For example, the goal might be focused on reducing violent behaviors. However, one goal may not be sufficient to adequately improve the health and safety of your students. To help determine the type and number goals needed, utilize your needs assessment results, involve all stakeholders in the decision making process, and consider the priorities and resources of your LEA/consortia.

7. I'm not sure what percentage of change expected in attitude/behavior. What should I do?

Estimating the percentage of expected change in attitude/behavior is a daunting task because it is, at best, an educated guess which is subject to a host of influences. Ultimately, your estimation should be ***realistic*** and ***remarkable***, which is likely if you consider:

- Patterns/trends of results found in your needs assessment.
- Previous evaluations of your program.
- Opinions of key leaders in your district/consortia, including your SDFS advisory council.
- Results from other sources (e.g., reports form other LEAs/consortia; research articles).
- The developmental and risk status of your targeted population.
- The duration, intensity and fidelity of your program.
- The time period in which results are expected.

8. How broad/narrow should my target population be?

The targeted population should be determined from the results of a comprehensive needs assessment, which will help to identify those grades and types of students who are in greatest need of prevention services, as well as the focus of problem (e.g., drug use and/or violence). Included in a comprehensive needs assessment is an analysis of trends (e.g., year-to-year comparisons), comparisons of your population to other samples (e.g., regional or national populations), and/or results from previous program evaluations.

Identification of the target population also might reinforce or modify your LEA's/consortium's current approach(es) to prevention, which can include one or more of the following:[1]

- ***Universal prevention*** is targeted to the general public or a whole population group that has not been identified on the basis of individual risk – such as all students in a school. The entire population is assessed as at-risk for drug use or violence and capable of benefiting from prevention programs.

[1] Mrazek, P. J., & Haggerty, R. J. (Eds.). (1994). *Reducing risks for mental disorders: Frontiers for preventive intervention research*. Washington, DC: National Academy Press.

- ***Selective prevention*** targets groups at risk or subsets of the general population—such as children of drug users or poor school achievers. The subgroup as a whole is at higher risk for substance abuse than the general population, but an individual's personal risk is not specifically assessed or identified.
- ***Indicated prevention*** is designed for people who are already experimenting with drugs or who exhibit other risk-related behaviors. The mission of indicated prevention is to identify individuals who are exhibiting early signs of violence, drug abuse or related problem behaviors and to target them with special programs.

9. What should I consider in selecting a program?

The primary consideration for program selection is that it should be driven by the most salient needs of students in your LEA/consortia. Without the link between student needs and program type, your outcome goal will not be adequately achieved.

Secondly, the Principles of Effectiveness from Title IV, Part A, require that a program be scientifically based, which means the program is grounded in research utilizing "the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to education activities and programs." The other research criteria for scientifically based programs are presented in the box, right.

These criteria represent the highest standard for research because they produce collective, convincing evidence that the program improved the health and/or safety of youth. Therefore, programs that meet these criteria and are implemented with fidelity are very likely to improve the health and safety of your students as well.

To date, there is not federal guidance on which programs are considered scientifically based; however, those designated by the US Department of Education as "exemplary" and promising" are recommended and meet least some of the criteria. Programs recognized by other federal agencies (e.g., Center for Substance Abuse Prevention, Office of Juvenile Justice and Delinquency Prevention) also may meet some or all of the criteria and are recommended over programs without such recognition, such as locally developed programs.

Research Criteria for Scientifically Based Programs

A scientifically based program includes research that:

- ☐ employed systematic, empirical methods that draw on observation or experiment;
- ☐ involved rigorous data analyses that are adequate to test the stated hypotheses and justify the general conclusions drawn;
- ☐ relied on measurement or observational method that provide reliable and valid data across evaluators and observers, and across studies by the same or different investigators;
- ☐ was evaluated using experimental or quasi-experimental designs in which individuals, entities, programs, or activities are assigned to different conditions and with appropriate controls to evaluate the effects of the condition of interest, with a preference for random assignment experiments, or other designs to the extent that those designs contain within-condition or across-condition controls;
- ☐ ensured that experimental studies are presented in sufficient detail and clarity to allow for replication or, at a minimum, offer the opportunity to build systematically on their findings
- ☐ has been accepted by a peer-reviewed journal or approved by a panel of independent experts through a comparably rigorous, objective, and scientific review.

Source: H.R.1, Title IX, Part A, section 9101(37).

Here are some other questions to consider in selecting a program, adapted from the Comprehensive Health Education Foundation (1994):[2]

- Is the program logically linked to the needs of your LEA/consortium?
- Is the program developmentally tailored to be age specific and builds upon what is learned each year?
- Does the program include practical lessons and activities in addition to information?
- Does the program involve family, peers, all school staff, and the entire community?
- Does the program use materials that are sensitive for students from a wide variety of cultural backgrounds?
- Is the program cost efficient?
- Does the program include adequate staff training and support?
- Can the program be incorporated into the curriculum (e.g., health education)?
- If the program was implemented in previous years:
    - Does the staff find the program valuable?
    - Do students find the program meaningful and enjoyable?
    - Were the student outcomes satisfactory?

[2] Comprehensive Health Education Foundation. 1994. *Preventing Violence: A Framework for Schools and Communities.* Seattle, WA: Comprehensive Health Education Foundation.

10. What types of measures can I use to assess outcomes?

Outcomes can be measured using a variety of instruments/tools, including self-report surveys, records, checklists and observations. Each type has its advantages and disadvantages, which are described below and should be considered in the selection process:

Type of Measure	Examples	Advantages	Disadvantages
Self-report surveys (Questionnaires=Q; Interviews=I)	Attitudes toward violence; violent behavior; attitudes toward ATOD; ATOD use	• Inexpensive (Q) • Usually high reliability (Q) • Can be anonymous (Q) • Can assess behaviors and attitudes • Can be administered to a large group at one time (Q)	• Validity might be low • Assessment of perceived behavior, not actual behavior • Assess only those who are present • Responses may have high reactivity (e.g., social desirability) • Impersonal (Q) • May need sampling expert
Records	Disciplinary referrals; suspensions; report cards (e.g., code of conduct)	• Inexpensive • Usually high validity • Can obtain data for all or a sample of events or participants	• May requires extra time for coding, analysis • Information may be incomplete or unclear • Data restricted to what already exists • Access may be limited
Checklists	Teacher and/or parent checklist of student aggression, pro-social behavior	• Direct or indirect assessment of behavior • Usually high validity • Can obtain data for all or a sample of events or participants • Can assess behaviors and attitudes	• May requires extra time for coding, analysis • Requires detailed directions to ensure high inter-rater reliability • Information can be biased by memory, perceptions of rater • May get low response rate from parents, teachers
Observations	Behavior on playground, in classroom, lunchroom or hallway	• Direct observation of behavior; • Can obtain a lot of detailed information if recorded • High validity	• May require extra time for coding, analysis • Requires intensive training to ensure high inter-observer reliability and prevent reactivity

11. Where can I find measures to assess my outcome performance goal(s)?

Questionnaires have become a convenient and effective outcome measurement method. Measures approved by the Office of Drug Control Policy (ODCP) are available from their *Evaluation Toolkit*, which is available online at: http://www.michigan.gov/mdch/0,1607,7-132-2941_4871-15022--,00.html, or search the internet for "ODCP evaluation toolkit". The toolkit has several ready-to-use questionnaires to measure ATOD and/or violent behavior and attitudes. All of the measures are reliable and valid based upon their use in several LEAs. Of course, you should review any measure and test drive it to determine its appropriateness with your targeted population.

The following are important considerations regarding the ODCP survey instruments:

- Use as a Pre/Post measure. Each measure is designed to be used before and after implementing your program. However, prior to using any of the measures as a *pretest*, make a copy without the last three questions, which measure satisfaction with the program and thus are for posttest purposes only.
- Administering the survey to elementary and middle school students. It is recommended that each item be read to the student as part of the administration procedure. This minimizes problems related to poor reading skills.
- Consent from a parent/legal guardian is required for any assessment of drug use and violent behavior. Check with your LEA/consortia regarding the protocol for securing informed consent.
- Surveys of violent attitudes/behaviors: The wording, order and number of items on these surveys should not be altered because it may alter the validity and/or reliability of the instrument.
- Surveys of ATOD attitudes/behaviors: The wording of these items should not be altered because they are identical to items on standardized surveys (e.g., Monitoring the Future Survey, Communities that Care survey) and therefore can be compared to national, state or local results from these surveys. However, not all the drugs listed must be included in the survey, and additional drugs can be added to the survey by creating items with the same "boilerplate" wording as the other items.

If you seek other measures, including those for risk and protective factors, the following sources contain self-report surveys commonly employed for violence and/or ATOD prevention programs:

- Violence Prevention. Dahlberg, L.L., Toal, S.B., Behrens, C.B., (2005). *Measuring Violence-Related Attitudes, Beliefs, and Behaviors Among Youths: A Compendium of Assessment Tools (2nd edition)*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Available online: http://www.cdc.gov/ncipc/pub-res/measure.htm. Note: This is a large book with four sections, each with its own link near the bottom of the web page:
    - Section I: Attitude and Belief Assessments
    - Section II: Psychosocial and Cognitive Assessments
    - Section III: Behavior Assessments
    - Section IV: Environmental Assessments

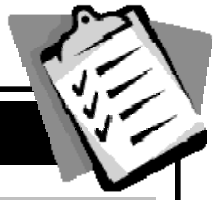
- ATOD Prevention. CSAP Decision Support Systems: http://www.preventiondss.org/ and search for "Core Measures," or go to: https://preventionplatform.samhsa.gov and click on "Measurements and Instruments Resource (M&IR)". Both sites contain survey instruments for a variety of risk and protective factors for various domains (e.g., individual, peer, school, family).

12. Can I develop my own measure or customize an existing measure?

With so many measures available to assess attitudes and behaviors related to violence/ATOD, there is no need to re-invent the wheel by creating your own. Plus, currently available measures such as those provided by ODCP have been shown to be **reliable** and **valid**, which are two necessary criteria for a good measure.

Reliability refers to the degree to which a measure is consistent or stable. Using a car analogy, a reliable gas gauge is one that consistently reads empty when the tank is empty. Validity, on the other hand, is the degree to which a measure accurately measures what it's supposed to measure. For example, your gas gauge is supposed to tell you how much gas is in the tank, not how much oil or water. Demonstrating the reliability and validity of a measure is a technical process that requires assistance from a professional evaluator/researcher. If you plan to have a measure developed for your program, you must attach a copy with your online application and provide information about the measure's reliability and validity.

Alternatively, it might be tempting to customize an existing measure (e.g., delete items, add items or change item wording) to better suit your target population. However, customizing a measure can adversely affect its reliability and validity, leading to results that are difficult or impossible to interpret. If you think your measure(s) need customizing, consult a professional evaluator/researcher for assistance.



SDFS Outcome Goals Development Checklist

1. Determine the direction and type of change expected (one type and direction per goal):

Direction:
- ☐ Decrease
- ☐ Stabilize (at an acceptably low level)

Type:
- ☐ Attitudes favoring ATOD
- ☐ Attitudes favoring violence
- ☐ ATOD behaviors
- ☐ Violent behaviors

2. Determine a realistic and remarkable degree of change, and the timing of change, expected by considering:

- ☐ Patterns/trends of results found in your needs assessment.
- ☐ Previous evaluations of your program.
- ☐ Opinions of key leaders in your district/consortia, including your advisory council.
- ☐ Results from other sources (e.g., reports form other LEAs/consortia; research articles).
- ☐ The developmental and risk status of your targeted population.
- ☐ The duration, intensity and fidelity of your program.

3. Specify the population(s) targeted for change:

- ☐ Population derived from the most salient needs of your LEA/consortia
- ☐ Consider how targeted population might modify your LEA/consortium's current prevention approach(es)

4. Determine the program(s) to be implemented, based upon the following criteria:

- ☐ Is the program logically linked to the needs of your LEA/consortium?
- ☐ Is the program developmentally tailored to be age specific and builds upon what is learned each year?
- ☐ Does the program include practical lessons and activities in addition to information?
- ☐ Does the program involve family, peers, all school staff, and the entire community?
- ☐ Does the program use materials that are sensitive for students from a wide variety of cultural backgrounds?
- ☐ Is the program cost efficient?
- ☐ Does the program include adequate staff training and support?
- ☐ Can the program be incorporated into the curriculum (e.g., health education)?
- ☐ If program was implemented in previous years:
  - ☐ Does the staff find the program valuable?
  - ☐ Do students find the program meaningful and enjoyable?
  - ☐ Were the student outcomes satisfactory?

5. Identify the measure(s) to be used to assess change in attitude/behavior related to violence/ATOD:

- ☐ Choose a pre-approved self-report survey(s) from ☐ ODCP ☐ CDC ☐ CSAP ☐ Other source
- ☐ AND/OR choose "other" measure(s): ☐ self-report survey ☐ records ☐ checklists ☐ observations ☐ other:
- ☐ If "other" measure(s), provide information about each measure's reliability and validity

6. Evaluate your outcome goal to ensure that it is Logical and S.M.A.R.T.:

- ☐ Logical: clearly maps a logical link between the needs statement and the ☐ target population, ☐ type of program, ☐ type and degree of expected change, and ☐ measure of change
- ☐ Specific: Includes details about targeted population, program, type of change and measure of change.
- ☐ Measurable: It can be assessed using objective, systematically collected data.
- ☐ Action-oriented: Specifies a direction of change (increase, decrease, or stabilization).
- ☐ Realistic: Outcome is considered in light of program quality, resources, duration and intensity.
- ☐ Timed: There is a clear end-point to evaluate success.